



**City of Dawsonville Water & Sewer Authority**

P.O. Box 6 415 Hwy 53 E, Suite 100  
Dawsonville, GA 30534  
Phone: (706)265-3256  
Fax: (706)265-4214  
Email: [water@dawsonville-ga.gov](mailto:water@dawsonville-ga.gov)

**Terminate / Lock-Off  
Water- Sewer - Garbage**

Date to END Water/Sewer/Garbage Service:

Name on Account:

Service Location:

Account Number:

Terminate: (circle all that apply)

Water

Sewer

Garbage

Snow Bird Lock:

Water

Sewer

Garbage

Forwarding Address:

Forwarding Phone #:

**Termination Request:**

\_\_\_\_\_ I understand by signing this form that the indicated services with City of Dawsonville Water/Sewer & Garbage will be terminated.

\_\_\_\_\_ I understand I will be responsible for the monthly services billing until the date of termination.

\_\_\_\_\_ I understand that any outstanding bills will be deducted from my security deposit and the balance refunded or billed to me.

**Snow Bird Status Request:**

\_\_\_\_\_ I request that my water meter at the above service address be locked.

\_\_\_\_\_ I will contact the water department in advance in writing to reactivate this service.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Printed Name**

\_\_\_\_\_  
**Date**

*(Office Use Only)*

Meter Reading #	Terminated on Garbage Lists	<input type="checkbox"/> <input type="checkbox"/>	Date:	By:
Garbage Can #	Finalized In Computer/On List	<input type="checkbox"/> <input type="checkbox"/>	Date:	By:
	Garbage Picked-up:	1 2 3 4	weeks	
Snow Bird Locked Off: YES NO	Snowbird Status in Computer:	YES NO	Date:	By: